



STATE OF DELAWARE

PUBLIC NOTICE

DELAWARE HEALTH AND SOCIAL SERVICES

DIVISION OF MEDICAID AND MEDICAL ASSISTANCE

**DELAWARE DIAMOND STATE HEALTH PLAN
1115 DEMONSTRATION WAIVER EXTENSION REQUEST**

In compliance with federal public notice requirements of 42 U.S.C. §1315(d) and 42 CFR Part 431, Subpart G, as well as the State's Administrative Procedures Act (APA - Title 29, Chapter 101 of the Delaware Code), and under the authority of Title 31 of the Delaware Code, Chapter 5, Section 512, Delaware Health and Social Services (DHSS) / Division of Medicaid and Medical Assistance (DMMA) gives notice of its intent to file an application with the Centers for Medicare and Medicaid Services (CMS) to request an 18-month extension of the Diamond State Health Plan (DSHP) 1115 Demonstration Waiver, which is currently approved through December 31, 2018. The requested extension period is from January 1, 2019 through June 30, 2020. DHSS/DMMA is not requesting any changes to the DSHP 1115 Demonstration Waiver for the 18-month extension period.

Purpose

The purpose of this posting is to provide public notice and receive public input for consideration regarding Delaware's Diamond State Health Plan (DSHP) 1115 Waiver extension request.

DSHP 1115 Waiver Program Description, Goals and Objectives

Delaware's DSHP 1115 Demonstration Waiver was initially approved in 1995, and implemented on January 1, 1996. The original goal of DSHP 1115 Waiver was to improve the health status of low-income Delawareans by expanding access to healthcare to more individuals throughout the state; creating and maintaining a managed care delivery system with an emphasis on primary care; and controlling the growth of healthcare expenditures for the Medicaid population.

In order to achieve this goal, the DSHP 1115 Waiver was designed to mandatorily enroll eligible Medicaid recipients into managed care organizations (MCOs) and create efficiencies in the Medicaid program. Initial savings achieved under managed care enabled the expansion of coverage to certain individuals who would otherwise not be eligible for Medicaid, leading up to Medicaid expansion under the Affordable Care Act in 2014. Since 2012, the DSHP 1115 Waiver provides long-term services and support (LTSS) to eligible individuals through DSHP-Plus, as well as enhanced behavioral health services and supports for targeted Medicaid beneficiaries through a voluntary program begun in 2015 called Promoting Optimal Mental Health for Individuals through Supports and Empowerment (PROMISE).

A complete description of the current DSHP 1115 Waiver is available at:

<http://dhss.delaware.gov/dhss/dmma/medicaid.html>

Delaware's goal today in operating the DSHP 1115 Waiver demonstration is to improve the health status of low-income Delawareans by:

- Improving access to health care for the Medicaid population, including increasing options for those who need long-term care (LTC) by expanding access to HCBS;
- Rebalancing Delaware's LTC system in favor of HCBS;
- Promoting early intervention for individuals with, or at-risk, for having, LTC needs;
- Increasing coordination of care and supports;
- Expanding consumer choices;
- Improving the quality of health services, including LTC services, delivered to all Delawareans;
- Creating a payment structure that provides incentives for resources to shift from institutions to community-based LTSS services where appropriate;
- Improving coordination and integration of Medicare and Medicaid benefits for full-benefit dual eligibles;
- Expanding coverage to additional low-income Delawareans; and
- Improving overall health status and quality of life of individuals enrolled in PROMISE.

Delaware will continue working towards this goal to improve the health status of low-income Delawareans during the DSHP 1115 Waiver extension. In addition, the extension period will permit DHSS/DMMA to plan and prepare a comprehensive application for a five-year renewal of the 1115 Waiver in a manner that reflects Delaware's vision for Medicaid and CHIP in 2020.

DSHP 1115 Waiver Eligibility

No changes to the DSHP 1115 Waiver eligibility are proposed for the extension period. Most eligibility groups in the DSHP 1115 Waiver are approved in the Medicaid and CHIP State Plan. The 1115 Waiver extends eligibility to additional groups as necessary for their receipt of LTSS through DSHP-Plus and behavioral health services through PROMISE. These groups are described in detail as "Demonstration Population Expenditures" in the current approved 1115 Waiver. A waiver amendment is pending before CMS to add coverage for out-of-state former foster care youth.

DSHP 1115 Waiver Benefits

No changes are proposed to the DSHP 1115 Waiver benefits for the extension period. Individuals enrolled in the DSHP 1115 Waiver receive most Medicaid and CHIP State Plan benefits through the DSHP 1115 Waiver delivery system. Individuals eligible for DSHP-Plus receive comprehensive, integrated LTSS and individuals eligible for PROMISE services receive an enhanced package of behavioral health services.

DSHP 1115 Waiver Delivery System

No changes are proposed to the DSHP 1115 waiver delivery system for the extension period. The delivery system for DSHP and DSHP-Plus benefits during the extension period will continue to be mandatory enrollment in MCOs. A limited number of benefits, such as children's dental and non-emergency transportation, are delivered through fee-for-service. PROMISE benefits will continue to be delivered through the fee-for-service PROMISE program administered through the Division of Substance Abuse and Mental Health (DSAMH). A waiver amendment is pending before CMS to include DDDS Lifespan Waiver enrollees in MCOs.

DSHP Cost Sharing

No changes to cost sharing are proposed for the extension period. Cost-sharing will not differ from the approved Medicaid and CHIP State Plans.

DSHP Waiver Hypotheses and Evaluation

No changes to the DSHP 1115 waiver proposed hypotheses and evaluation parameters are planned for the extension period. Delaware's proposed hypotheses and evaluation approach is in its draft Waiver Evaluation Plan pending before CMS. Delaware has proposed various methodologies to evaluate the impact of the 1115 Waiver on access to care, quality of care, cost-containment/cost-effectiveness, and the impact of rebalancing long-term care in favor of HCBS services. For example, Delaware has proposed to evaluate the following questions:

Access to Care

- Is access to primary care providers sufficient?
- Has access to specialists increased under the 1115 Waiver?
- Is access to HCBS providers sufficient in the community?
- Are the members satisfied with the services received under DSHP-Plus?
- Has there been a shift in where services are being received from Nursing Home to community based care?
- What is the Nursing Home admission rate in the DSHP Plus population?
- What is the Nursing Home discharge rate (other than death) in the DSHP Plus population?

Quality of Care

- Has the health status of waiver enrollees improved?
- Has the quality of care improved for select performance measures?
- What is the level of enrollee satisfaction with MCOs?

Cost Containment/Cost Effectiveness

- Are actual expenditures less than the per member per month projections for the 1115 waiver?
- Did emergency room care utilization and expenditures decrease for select populations?
- Is there a decrease in nursing home utilization?

The proposed evaluation will use data from a variety of sources as follows:

Provider Satisfaction Surveys

Member Satisfaction Survey

MCO member surveys

External Quality Review Reports

Enrollment files and reports.

Fee-for-service claims and encounter data as applicable.

Data submitted to the State for review such as contracts, quality management plans; select utilization reports.

Waiver and Expenditure Authorities

No changes to the DSHP 1115 waiver and expenditure authorities are proposed for the extension period. DHSS/DMMA is requesting the same waiver and expenditure authorities as approved in the current DSHP 1115 Waiver. These include:

Waiver authorities:

1. Amount, duration and scope of services (Section 1902(a)(10)(B) and 1902(a)(17))—To permit benefit packages for DSHP and DSHP-Plus enrollees that vary from the State Plan and permit the provision of additional benefits under DSHP-Plus and PROMISE.
2. Freedom of Choice (Section 1902(a)(23)(A))—To permit mandatory enrollment in MCOs and selective contracting for certain HCBS and transportation providers.
3. Retroactive Eligibility Section 1902(a)(34)—To permit Delaware to not extend eligibility to DSHP and DSHP-Plus participants prior to the date that an application for assistance is made, with the exception of institutionalized individuals in nursing facilities and workers with disabilities who buy-in for Medicaid coverage.

Expenditure authorities:

Expenditures for the following 1115 Demonstration Populations receiving LTSS or PROMISE services:

1. 217-Like Elderly and Disabled Home and Community Based Services (HCBS) Group
2. 217-Like HIV/AIDS HCBS Group
3. “At-risk” for Nursing Facility Group
4. TEFRA-Like Group
5. Continuing Receipt of Nursing Facility Care Group
6. Continuing Receipt of Home and Community-Based Services Group
7. Continuing Receipt of Medicaid State Plan Services Disabled Children Group.
8. PROMISE Services Group

DSHP 1115 Waiver Estimate of Expected Increase/Decrease in Annual Enrollment and Annual Aggregate Expenditures

The expected increase in enrollment and expenditures through the extension period reflect the program as currently approved. No changes are proposed for the extension period.

	Historical Data (Current Waiver Period)				
	2014	2015	2016	2017	2018
Enrollment	180,879	193,774	204,641	200,155	205,158
Expenditures	\$1,577,390,016	\$1,752,418,701	\$1,843,586,926	\$1,989,261,953	\$2,039,318,474

	Demonstration Extension Period	
	2019	2020
Enrollment	210,697	105,401
Expenditures	\$2,102,537,347	\$1,051,794,307

Public Comment Submission Process

As required by 42 CFR Part 431, Subpart G, DHSS/DMMA must provide opportunity for public comment on the DSHP 1115 Waiver extension request. Per Del. Code, Title 29, Ch. 101 §10118(a), the opportunity for public comment shall be held open for a minimum of 30 days after the proposal is published in the Register of Regulations, scheduled for November 1, 2017.

The public is invited to review and comment on the proposed DSHP 1115 Waiver extension as of the date of publication of this public notice. Comments must be received by 4:30 p.m. on December 1, 2017. Comments may be submitted in the following ways:

This public notice is posted on the DHSS/DMMA website at:

<http://dhss.delaware.gov/dhss/dmma/medicaid.html>

Comments and input may be submitted in the following ways:

By email: Nicole.M.Cunningham@state.de.us
By fax: 302-255-4413 to the attention of Nicole Cunningham
By mail: Nicole Cunningham
Division of Medicaid and Medical Assistance
Planning, Policy & Quality Unit
1901 North DuPont Highway
P.O. Box 906
New Castle, Delaware 19720-0906

Hardcopies of the public notice may also be obtained by contacting Nicole Cunningham at the address above.

Public Hearings

DHSS/DMMA will hold three public hearings with opportunity for public comment, as listed below.

1. NEW CASTLE COUNTY

Date: November 15, 2017
TIME: 12:00 PM to 1:00 PM
LOCATION: **DDDS Fox Run Center**
2540 Wrangle Hill Road
Bear, DE 19701

2. KENT COUNTY

Date: November 14, 2017
TIME: 1:00 PM to 2:00 PM
LOCATION: **Legislative Hall**
411 Legislative Avenue
Dover, DE 19901

SUSSEX COUNTY

Date: November 14, 2017
TIME: 10:00 AM to 11:00 AM
LOCATION: **Thurman Adams State Svc Center**
546 S. Bedford St, Georgetown

If you are unable to attend the public hearing in person, you may participate by teleconference. To participate via teleconference, on the date and time of the public hearing, call 1-800-391-2548 and enter passcode 45150795.

Any public feedback received will be summarized including any changes that will be made as a result of the public comment to the proposed 1115 DSHP Waiver Extension that will be submitted to CMS.

If you require special assistance or auxiliary aids and/or services to participate in the public hearing (e.g., sign language or wheelchair accessibility), please call the following contact at least ten (10) days prior to the hearing for arrangements:

Lauren Gunton at (302) 255-9561

The prompt submission of requests helps to ensure the availability of qualified individuals and appropriate accommodations in advance.



Stephen M. Groff
Director
Division of Medicaid and Medical Assistance

10/19/17

Date